

Patricia Booker  
 National Stage Processing  
 Patent Specialist  
 (703) 305-3738

**MULTIPLE DEPENDENT CLAIM  
 FEE CALCULATION SHEET**  
 (FOR USE WITH FORM PTO-375)

SERIAL NO.  
**10/088692**  
 APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		3		/			54						
5		3		/			55						
6		②		/			56						
7		①		/			57						
8		①		/			58						
9		2		/			59						
10		2		/			60						
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49							99						
50							100						
TOTAL IND.	1		1				TOTAL IND.						
TOTAL DEP.	15		9				TOTAL DEP.						
TOTAL CLAIMS	16		10				TOTAL CLAIMS						